Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Form 990 (2009)

B Cheek Physical September Physical Septembe	A	For the	2009 calendar year, or tax year beginning $CT1$, 2009 and ending	SEP 30, 2010
State Part Auroba Care Part Auroba Care Part Pa	В	Check if applicable		D Employer identification number
State Stat		Addres	s label of DUE ADVANCEMENT OF ORTECTIVIEM	
Septiment Sept	E	Name	No.	22-2570926
Agriculture		Initial	See Number and street (or P 0 box if mail is not delivered to street address) Room/su	ite E Telephone number
TRV1NE, CA 92606 H(a) Is the a group return for affinates? Ves XI No H(b) Is the a group return for affinates? Ves XI No H(b) Is the a group return for affinates? Ves XI No H(b) An all affinates included? Ves No ITV No. 4 (b) An all affinates included? Ves No ITV No. 4 (b) An all affinates included? Ves No ITV No. 4 (b) An all affinates included? Ves No ITV No. 4 (b) An all affinates included? Ves No ITV No. 4 (b) An all affinates included? Ves No ITV No. 4 (b) An all affinates included? Ves No ITV No. 4 (b) An all affinates included? Ves No ITV No. 4 (b) An all affinates included? Ves No ITV No. 4 (b) An all affinates included? Ves No ITV No. 4 (b) An all affinates included? Ves No ITV No. 4 (b) An all affinates included? Ves No. 4 (b) An all affinates? Ves No. 4 (b) An all affinates? Vest		Termin ated		
Name and address of pnncopal officer/DR. YARON BROOK Not affiliates? Ves No.		Amend return	City or town, state or country, and ZIP + 4	G Gross receipts \$ 13,288,467.
Tax-exempt status		i tion		
Tax-exempt status:		pendin		
Website: ► WWW - ANNRAND - ORG				 1 · ·
Part Summary 1 Brefly describe the organization Trust Association Other L Year of formation 1984 M State of legal domicile PA				
Part Summary Briefly describe the organization's mission or most significant activities: TO INCREASE READERSHIP AND UNDERSTANDING OF AYN RAND'S WORKS AND TO FIND AND TRAIN THE NEW				
Briefly describe the organization's mission or most significant activities: TO_INCREASE_READERSHIP_AND_UNDERSTANDING_OF_AYN_RAND'S_WORKS_AND_TO_FIND_AND_TRAIN_THE_NEW				ear of formation 1904 M State of legal domicile 1A
UNDERSTANDING OF AYN RAND'S WORKS AND TO FIND AND TRAIN THE NEW 2 Check this box ▶		BILL 5		ASE READERSHIP AND
B Net unrelated business taxable income from Form 1999-Trine-34	ဥ	'	LINDERSTANDING OF AVN RAND'S WORKS AND TO FIN	D AND TRAIN THE NEW
B Net unrelated business taxable income from Form 1999-Trine-34	nar	1 '		
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B Net unrelated business taxable income from Form 1999-Trine-34	80			
B Net unrelated business taxable income from Form 1999-Trine-34	ij	6	Total number of volunteers (estimate if necessary)————————————————————————————————————	
B Net unrelated business taxable income from Form 1999-Trine-34	Ę	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12.	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7g	_	b	Net unrelated business taxable income from Form 990 T-line 34	7b 0.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d			S IAM 9 5 2044 S	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c. and 11a): 1 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 179, 256 189, 952 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 179, 256 189, 952 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,878,134 3,919,817 15 Berofessional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) 678,667 0 Total expenses (Part IX, column (A), lines 11a-11d, 11f.24h) 2,745,045 4,610,817 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,802,435 8,720,586 19 Revenue less expenses. Subtract line 18 from line 12 8eginining of Current Year End of Year 19 Total liabilities (Part X, line 26) 3,230,415 4,180,493 20 Total assets (Part X, line 26) 3,230,415 4,180,493 21 Total liabilities (Part X, line 26) 3,230,415 4,180,493 22 Net assets or fund balances. Subtract line 21 from line 20 2,020,898 4,237,462 Part II Signature Block Under penalties of perjury, I declare that I have examined the 1 favore penalties of perjury, I declare that I have examined the 1 favore penalties of perjury, I declare that I have examined the 1 favore penalties of perjury, I declare that I have examined the 1 favore penalties of perjury, I declare that I have examined the 1 favore penalties of perjury, I declare that I have examined the 1 favore penalties of perjury, I declare that I have examined the 1 favore penalties of perjury, I declare that I have examined the 1 favore penalties of perjury, I declare that I have examined the 1 favore penalties of perjury, I declare that I have examined the 1 favore penalties of perjury, I declare that I have examined the 1 favore penalties of perjury, I declare that I have examined the 1 favore penalties of perjury, I de	9	8		
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12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Total expenses (Part IX, column (A), line 11e) 10 Total expenses (Part IX, column (A), line 25) 10 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Logo, 898. 4, 237, 462. Part II Signature Block Preparer's lightly fine and title Preparer's Signature Preparer's Signature 1 Preparer's Signature 1 Preparer's Signature 1 Preparer's Signature 1 Store A MESA, CA 92626 Phone no ▶ 714-380-6565	_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising ees (Part IX, column (A), line 11e) b Total fundraising ees (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Under penalties of perjuny I declare that I have examined thereform, including accompanying schedules and statements, and to this best of my knowledge and belief, it is true, cornect, and complate Declaration of preparer (other than effort) is bested on all information of balance is signature. Paid Preparer's signature of officer Preparer's signature of officer Firms name for KMJ CORBIN & COMPANY, LLP signature of officer is signature. Signature of officer of KMJ CORBIN & COMPANY, LLP signature of officer is signature. Paid Preparer's signature of officer of KMJ CORBIN & COMPANY, LLP signature of officer of KMJ CORBIN & COMPANY, LLP signature of officer of KMJ CORBIN & COMPANY, LLP signature of officer of KMJ CORBIN & COMPANY, LLP signature of officer of KMJ CORBIN & COMPANY, LLP signature of officer of KMJ CORBIN & COMPANY, LLP signature of officer of KMJ CORBIN & COMPANY, LLP signature of officer of KMJ CORBIN & COMPANY, LLP signature of officer of KMJ CORBIN & COMPANY, LLP signature of officer of KMJ CORBIN & COMPANY, LLP signature of officer of KMJ CORBIN & COMPANY, LLP signature of officer of KMJ CORBIN & COMPANY, LLP signature of officer of KMJ CORBIN & COMPANY, LLP signature of officer of KMJ CORBIN & COMPANY, LP signature of officer of KMJ CORBIN & COMPANY, LP signature of officer of KMJ CORBIN & COMPANY, LP s	_	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2 , 878 , 134 . 3 , 919 , 817 . 16a Professional fundraising fees (Part IX, column (A), line 25) 678 , 667 . 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2 , 745 , 045 . 4 , 610 , 817 . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5 , 802 , 435 . 8 , 720 , 586 . 19 Revenue less expenses. Subtract line 18 from line 12 803 , 745 . 3 , 884 , 403 . 20 Total assets (Part X, line 16) 5 , 251 , 313 . 8 , 417 , 955 . 21 Total liabilities (Part X, line 26) 3 , 230 , 415 . 4 , 180 , 493 . 22 Net assets or fund balances. Subtract line 21 from line 20 2 , 020 , 898 . 4 , 237 , 462 . Part II Signature Block Signature Block Under penalties of perjuy, I declare that I have examined the response on all information of punch preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than effect) is based on all information of punch preparer has any knowledge Preparer's				1/9,250. 189,952.
16 a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Signature Block Under penalties of perius, 1 declare that I have examined ther Fight, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complate Declaration of preparer (other than office) is besed on all information of united preparer has any knowledge Preparer's signature Preparer's signature of officer Firm's name (or yours if Yours if Firm's name (or yours if Firm's name (or yours if Y				2 979 124 3 919 917
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-241) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block Under penalties of perjury, I declare that I have examined that Tephn, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than effect is besed on all information of balances). PRESIDENT Paid Preparer's signature Preparer's signatur	Ses	15		2,070,134. 3,919,017.
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-241) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block Under penalties of perjury, I declare that I have examined that Tephn, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than effect is besed on all information of balances). PRESIDENT Paid Preparer's signature Preparer's signatur	ě	10a	(70 (67	
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19 Revenue less expenses. Subtract line 18 from line 12 803,745. 3,884,403.		1		
Beginning of Current Year End of Year		19		
Part Signature Block Under penalties of perjury, I declare that I have examined this fe/Dm, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is besed on all information of which preparer has any knowledge	50	है - उ	TOTALIS 1000 ONDOLLOGS CONTROL TO LOTTE THE TOTALIS TO THE TOTALIS TO THE TOTALIS TO THE TOTALIS THE T	
Part Signature Block Under penalties of perjury, I declare that I have examined this fe/Dm, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is besed on all information of which preparer has any knowledge	ets	20	Total assets (Part X, line 16)	5,251,313. 8,417,955.
Part Signature Block Under penalties of perjury, I declare that I have examined this fe/Dm, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is besed on all information of which preparer has any knowledge	ASS	21		3,230,415. 4,180,493.
Part Signature Block Under penalties of perjury, I declare that I have examined this fe/Dm, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is besed on all information of which preparer has any knowledge	3	22	Net assets or fund balances. Subtract line 21 from line 20	2,020,898. 4,237,462.
Here Signature of officer Date	P	art II		
Here Signature of officer Date			Under penalties of perjury, I declare that I have examined this Terum, including accompanying schedules and stateme and complate. Declaration of preparer (other than efficer) is based on all information of which preparer has any knowle	ents, and to the best of my knowledge and belief, it is true, correct, edge
Here Signature of officer	-			/ /
YAKON BROOK, PRESIDENT Type or print name and title Preparer's signature Preparer's signature Preparer's lidentifying number (see instructions) Prod 81-0569753 EIN ▶ 81-0569753 Self-amployed, address, and ZiP+4 COSTA MESA, CA 92626 Phone no ▶ 714-380-6565	္ရွိ Się	gn	Cina hour of others	
Type or print name and title Paid Preparer's signature Preparer's Signature Firm's name (of yours if self-amployed), address, and ZiP + 4 Pool A B I - 0569753 EIN ► 81-0569753 Preparer's identifying number (see instructions) Preparer's identifying number (see instructions) Preparer's identifying number (see instructions) Pool 481819 EIN ► 81-0569753 Phone no ► 714-380-6565	> He	re	Signature of officer VACON ROOM DOCCIDENT	Date
Preparer's signature Preparer's signature Preparer's signature Firm's name (of yours if self-amployed), address, and ZiP + 4 Preparer's Signature Date Check if self-employed Preparer's identifying number (see instructions) P00481819 EIN 81-0569753 Phone no 714-380-6565	4			
Preparer's signature Freparer's Firm's name (of yours address, and ZiP + 4 COSTA MESA, CA 92626 Freparer's Firm's name (of yours address, and ZiP + 4 COSTA MESA, CA 92626 Freparer's Firm's name (of yours address, and ZiP + 4 COSTA MESA, CA 92626 Phone no > 714-380-6565 Phone no > 714-380-6565	 —		Date	Check if Preparer's Identifying number
Preparer's Firm's name (or yours if self-amployed), address, and ZiP+4 KMJ CORBIN & COMPANY, LLP 555 ANTON BLVD, SUITE 1000 COSTA MESA, CA 92626 EIN ▶ 81-0569753 Phone no ▶ 714-380-6565	- Pa	ld	rieparers	Self- (see instructions)
Suse Only yours if yours if self-amployed), address, and ZiP + 4 South Suite 1000 Suite 1000 Suite 1000 Phone no ► 714-380-6565 Phone no ► 714-380-	Pre	eparer's		0.5.05.50
address, and ZIP+4 COSTA MESA, CA 92626 Phone no ►714-380-6565	Us	e Only	t vours it	LINE OI OOOJIOO
,	2			Phone no ► 714-380-6565
		v the II	RS discuss this return with the preparer shown above? (see instructions)	. X Yes No

Form 990 (2009)

Par	t:III Statement of Program Service Accomplishments
1	Bnefly describe the organization's mission:
	TO INCREASE READERSHIP AND UNDERSTANDING OF AYN RAND'S WORKS AND TO
	FIND AND TRAIN THE NEW INTELLECTUALS TO TEACH HER PHILOSOPHY OF
	OBJECTIVISM.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	SEE SCHEDULE O FOR CONTINUATION(S)
4a	(Code:) (Expenses \$ 2,966,249. including grants of \$ 84,320.) (Revenue \$ 16,302.)
74	CULTURAL OUTREACH - DONATED OVER 320,000 FREE COPIES OF AYN RAND'S
	BOOKS TO HIGH SCHOOL TEACHERS AND STUDENTS. HELD FOUR ESSAY CONTESTS ON
	AYN RAND'S NOVELS AND THEIR INFLUENCE, WHICH DREW CLOSE TO 25,000
	ENTRIES. PROVIDED SUPPORT TO OBJECTIVIST CAMPUS CLUBS, INCLUDING
	PROVIDING SPEAKERS FOR 62 CAMPUS EVENTS FOR A TOTAL AUDIENCE OF OVER
	5,100 PEOPLE. ASSISTED ALL SCHOLARS WHO VISITED OR CONSULTED THE AYN
	RAND ARCHIVES DURING THE YEAR. CURATED AN EXHIBIT AT THE CHAPMAN
	UNIVERSITY LIBRARY. PROGRESSED IN CHECKING THE ACCURACY OF ALL SCANNED
	IMAGES OF THE AYN RAND PAPERS COLLECTION. PLANNED, COORDINATED AND
	FUNDED MARKETING PROGRAMS FOR AYN RAND'S NOVELS WITH EMPHASIS ON ATLAS
	SHRUGGED AND WE THE LIVING. COMPLETED THE MANUSCRIPT OF 100 VOICES: AN
	ORAL HISTORY OF AYN RAND AND FOUND A PUBLISHER FOR IT.
4b	(Code:) (Expenses \$ 2,306,134. including grants of \$ 0.) (Revenue \$ 10,042.)
	PUBLIC OUTREACH - ARRANGED NEARLY 100 PUBLIC APPEARANCES FOR ARI
	SPEAKERS, INCLUDING ENTREPRENEUR GROUPS, BUSINESS EVENTS, AND ADDRESSES
	TO THE GENERAL PUBLIC, SUCH AS THE NEW CHICAGO SPEAKER SERIES.
	DISTRIBUTED OVER 10,000 PHILOSOPHICAL/EDUCATIONAL ARTICLES AND AYN RAND
	SAMPLERS TO TEA PARTY ACTIVISTS. PUBLISHED 12 MONTHLY NEWSLETTERS AND
	MADE THEM AVAILABLE TO THE PUBLIC ON OUR WEBSITE. SUBSTANTIALLY
	UPGRADED AND ENHANCED ATLASSHRUGGED.COM. CO-SPONSORED EVENTS WITH
	FREE-MARKET ORGANIZATIONS.
4c	(Code:) (Expenses \$ 904,066 · including grants of \$ 105,632 ·) (Revenue \$ 31,559 ·)
	ACADEMIC - THE OBJECTIVIST ACADEMIC CENTER (OAC) CONTINUED TO PROVIDE
	ITS FOUR-YEAR PROGRAM OF COURSES TO OVER 100 STUDENTS, WITH 10 STUDENTS
	GRADUATING DURING THE YEAR. OAC LAUNCHED A CAREER TRAINING PROGRAM,
	DESIGNED TO IMPROVE THE OAC'S CAPABILITY FOR DEVELOPING OBJECTIVIST
	INTELLECTUALS AND PLACING THEM IN POSITIONS WHERE THEY CAN HAVE AN
	IMPACT IN THEIR CHOSEN PROFESSIONS. EXPANDED THE INTERNSHIP PROGRAM,
	ALLOWING 10 STUDENTS A THREE-WEEK INTERNSHIP EXPERIENCE, INCLUDING
	SEMINARS AND ONE-ON-ONE TUTORIALS. CO-HOSTED CONFERENCE FOR PROFESSORS,
	AND SPONSORED PANEL DISCUSSIONS AND DEBATE AT THE ANNUAL ASSOCIATION
	FOR PRIVATE ENTERPRISE EDUCATION CONFERENCE. STRATEGIC PLANNING FOR THE
	NEW AYN RAND CAMPUS PROJECT WAS BEGUN THIS YEAR. THE AYN RAND CAMPUS IS
	AN ONLINE EDUCATION WEBSITE THAT WILL OFFER COURSES FROM BEGINNER TO
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 1,450,538 • including grants of \$) (Revenue \$ 786,999 •)
4e	Total program service expenses ▶ \$ 7,626,987.

Part IV Checklist of Required Schedules

-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
-	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
•	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X]	1	
	as applicable .	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ļ		
	Part VI.	l		
•	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.]		
•				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	3			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.	1		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	İ		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	ł		
12				
	Schedule D, Parts XI, XII, and XIII.	12	х	1
12/	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	<u>'-</u>		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	١.		
13		13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1	ļ	
	located outside the United States? If "Yes," complete Schedule F, Part III	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		١,,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19	├	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 Form	990 (
		LOUI	23U (<u> </u>

THE ADVANCEMENT OF OBJECTIVISM

_				
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		v	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1	v	}
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		[
	Schedule K. If "No", go to line 25	24 a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 -	-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			,,
	disqualified person dunng the year? If "Yes," complete Schedule L, Part I	25a	_	Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ŀ
	that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete		ł	.,
	Schedule L, Part III	27	ļ	Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	}		
	Instructions for applicable filing thresholds, conditions, and exceptions):		v	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28 a	X	-
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> X</u>	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was		v	
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	_30	 	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	 	1	v
	If "Yes," complete Schedule N, Part I	31	 -	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		ŀ	v
	Schedule N, Part II	32	├──	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		Ì	v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33	 	X
34	Was the organization related to any tax-exempt or taxable entity?	1	l v	1
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
3 5	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	05	v	ļ
	If "Yes," complete Schedule R, Part V, line 2	3 5	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			v
0.7	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	├	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		X	
	Note. All Form 990 filers are required to complete Schedule O.	38		(0000
		rom	990	2009

•					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
-	U.S. Information Returns. Enter -0- if not applicable	1a	127			ĺ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			ĺ
	(gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ĺ				
	filed for the calendar year ending with or within the year covered by this return	2a	43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2 b	X	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		ctions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time duning the calendar year, did the organization have an interest in, or a signature or other	autho	nty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country:					İ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	and			
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action'	?	5b_		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Region	ardıng	Prohibited			
	Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anızatıon solicit			
	any contributions that were not tax deductible?			6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts			
	were not tax deductible?			6b	ļ	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	good	s and services			
	provided to the payor?			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-		7b		├ ──
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas red	quired			x
	to file Form 8282?	· 1	1 .	7c	ļ	
	If "Yes," indicate the number of Forms 8282 filed during the year	_7d		ł		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	perso	nai			х
	benefit contract?			7e 7f	-	X
t				_	ļ	X
9				7g	-	$\frac{x}{x}$
n o	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-			7h	·	1
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting o supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceed the section of the sec					
		C633 D	usiness notalings	8	1	
9	at any time during the year? Sponsoring organizations maintaining donor advised funds.			<u> </u>	1	
	Did the organization make any taxable distributions under section 4966?			9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	•		9b	1	\top
10	Section 501(c)(7) organizations. Enter:			11111111	1	
а	The state of the s	10a	1]		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter:			7		
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against			}		
ĺ	amounts due or received from them.)	11b		}		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041	!?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		L

Form 990 (2009)

THE ADVANCEMENT OF OBJECTIVISM

22-2570926

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 8			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	' I		
	officer, director, trustee, or key employee?	2_		<u>X</u>
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		_ <u>X</u> _
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		<u>X</u>
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8ь	<u>X</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		1	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.	v	
44	and branches to ensure their operations are consistent with those of the organization?	10ь 11	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	**********	Λ.,	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ.	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this is done	12c	х	1
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
ь	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			+
	taxable entity duning the year?	16a		Х
ь	If "Yes," has the organization adopted a written policy or procedure requining the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled ▶PA, CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an	nd fina	ncıal	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕨	·	
	JULIE FERGUSON - 949-222-6550			
	2121 ALTON PARKWAY SUITE 250, IRVINE, CA 92606			

THE ADVANCEMENT OF OBJECTIVISM

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co		y cu	rren			, dire	ecto		(5)	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours	(6)	Position (check all that apply)				LΛ	Reportable compensation	Reportable compensation	Estimated amount of
	per	H					, y,	from	from related	other
	week	liecto				L		the	organizations	compensation
		5	trustae			Safe		organization	(W-2/1099-MISC)	from the
		truste	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u>8</u>	age ((W-2/1099-MISC)		organization
		individual trustee or director	Institutional t	5	Key employee	Highest compensated employee	ĕ			and related organizations
		<u>p</u>	<u>1</u> 2	Officer	Key	喜島	Form			Organizations
YARON BROOK			_							
PRESIDENT & DIRECTOR	45.00	X		Х				248,001.	0.	21,639.
CARL BARNEY										
DIRECTOR	2.00	X	L					_ 0.	0.	0.
MIKE BERLINER										
DIRECTOR	2.00	X	L			<u> </u>		12,570.	0.	0.
HARRY BINSWANGER										
DIRECTOR	2.00	Х				L		0.	0.	0.
PETER LEPORT										
DIRECTOR	2.00	X					L	0.	0.	0.
ARLINE MANN										
DIRECTOR	2.00	X				L	_	0.	0.	0.
JOHN RIDPATH					Ì					
DIRECTOR	2.00	X						350.	0.	0.
TARA SMITH					İ					
DIRECTOR	2.00	X				<u> </u>		7,900.	0.	0.
MARK CHAPMAN					1					
VP. DEVELOPMENT	45.00			Х		<u> </u>	_	208,000.	0.	3,000.
STEVEN DOUGHERTY	/								_	
SECRETARY / HR / LEGAL M	45.00			Х	_	<u> </u>	L	56,357.	0.	2,983.
JULIE FERGUSON		}								
TREASURER / VP. FINANCE	45.00		<u> </u>	X	<u> </u>	<u> </u>	_	105,801.	0.	23,840.
DEBI GHATE										
VP. ACADEMIC PROGRAMS	45.00	<u>_</u>	<u> </u>	X	<u> </u>	<u> </u>	_	107,106.	25,000.	10,317.
ANU SEPPALA							İ	115 010		
VP. CULTURAL PROGRAMS	45.00			X	_	┞	_	115,948.	0.	10,303.
LINDA ZINSER	45.00							110 276		0.017
VP. PUBLIC OUTREACH	45.00	_	<u> </u>	X	_	Ĺ	\vdash	119,376.	0.	8,817.
							Ì			
		\vdash	_		-	\vdash	<u> </u>	 		
		-	-	-	\vdash	 	\vdash	 		

Form 990 (2009)	THE ADV	ANCEMENT	OF	. C	BJ	JΕC	T	[V]	[SM	22-2570	926	Pa	age 8
	A. Officers, Directors, T									ees (continued)			
•	(A)	(B)			(C				(D)	(E)		(F)	
Nam	ne and title	Average hours per week	individual trustee or director		Posi all t	that			Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	am comp fro orga and	imate ount o other oensatom the anizati I relate	of tion e ion ed
			indivi	Institu	Officer	Kayer	Highe	Former			orga	nizatio	ons ——
	f individuals (including but	t not limited to t	hose	liste	ed a	bov	e) w	ho r	981,409. eceived more than \$10	·	8	0,8	99
3 Did the organiz	ation list any former office," complete Schedule J fo			e, ke	y en	nplo	yee,	, or I	nighest compensated e	mployee on	3	Yes	No X
4 For any individ	ual listed on line 1a, is the janizations greater than \$	sum of reportal	ole co							the organization	4	Х	
the organizatio	listed on line 1a receive on? If "Yes," complete Sch				from	any	y un	relat	ed organization for sen	vices rendered to	5		Х
Section B. Indepen	dent Contractors table for your five highest	compensated in	den	end	ent c	cont	ract	ors t	that received more than	\$100,000 of compen	sation f	rom	
i Complete this	table for your live nighest	compensated if	inabi	ei iu	ent C	Jone	act	013 1	mai received more mai	winding or compen	Janon I	. 0.11	

the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
WESTAMERICA GRAPHICS		<u></u>
	PRINTING	269,990.
SMS 3421 W. SEGERSTROM AVE, SANTA ANA, CA 92704	MAILING	223,685.
LUNA IMAGING, INC. 2702 MEDIA CENTER DR, LOS ANGELES, CA 90065		100,768.
2 Total number of independent contractors (including but not limited to those listed \$100,000 in compensation from the organization ▶ 3	d above) who received more than	,

Form **990** (2009)

THE AYN RAND INSTITUTE, THE CENTER FOR

22-2570926 Page 9 THE ADVANCEMENT OF OBJECTIVISM Form 990 (2009) Part VIII Statement of Revenue (D) Revenue excluded from (C) (A) (B) Unrelated Total revenue Related or business exempt function tax under sections 512, 513, or 514 revenue revenue Federated campaigns 1a 1b Membership dues 328,190. 1c Fundraising events 1d d Related organizations Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 11,431,845 g Noncash contributions included in lines 1a-1f \$_ 11,760,035 h Total. Add lines 1a-1f **Business Code** 419,352 611710 419,352. 2 a CONFERENCE 365,294. 365,294 451211 ь ВООК 26,850. 26,850. 611710 TUITION 10,042. 10,042. d PROFESSIONAL OUTREACH 611710 7,018.7,018. ROYALTY INCOME 611710 12,712. 611710 12,712. All other program service revenue 841,268. Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 52. 52. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 636423. assets other than inventory b Less: cost or other basis 633423. and sales expenses 3,000. c Gain or (loss) 3,000. 3,000 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 328,190. of including \$ contributions reported on line 1c). See 50,055 Part IV. line 18 50,055 b Less: direct expenses 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 634 11 a MISCELLANEOUS 634. 611710 d All other revenue 634. Total. Add lines 11a-11d 844,902. 12,604,989. Total revenue. See instructions

22-2570926 Page 10

Form 990 (2009) THE ADVANCEME. Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. n (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	179,577.	179,577.		
3	Grants and other assistance to governments,				:
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	10,375.	10,375.		
4	Benefits paid to or for members				,
5	Compensation of current officers, directors,				
	trustees, and key employees	1,531,147.	1,231,551.	149,880.	149,716.
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	475,884.	304,198.		171,686.
7	Other salanes and wages	1,530,236.	1,418,753.	64,535.	46,948.
8	Pension plan contributions (include section 401(k)	_,,,	. ==,,,,,,,		.,
3	and section 403(b) employer contributions)	23,306.	21,729.	1,211.	366.
•	Other employee benefits	161,428.	139,648.	12,541.	9,239.
9		197,816.	163,224.	15,903.	18,689.
10	Payroll taxes	177,010.	103,224.	13,303.	10,000.
11	Fees for services (non-employees)				
	Management	36,993.	24,566.	7,232.	5,195.
	Legal		24,300.	31,454.	16,383.
	Accounting	47,837.		31,434.	10,303.
d	Lobbying		<u> </u>		
е	•		, the contract of the contract		
f	Investment management fees				
9	Other	F10 244	F00 00F	75	1 104
12	Advertising and promotion	510,344.	509,085.	75.	1,184.
13	Office expenses	45,757.	37,328.	2,711.	5,718.
14	Information technology				· - · ·
15	Royalties .	29,975.	29,975.	40	
16	Occupancy .	614,502.	545,377.	40,750.	28,375.
17	Travel .	218,212.	183,976.	3,696.	30,540.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	35,151.	29,062.	4,030.	2,059.
20	Interest	14,633.	12,545.	1,013.	1,075.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,769.	31,622.	2,471.	2,676.
23	Insurance	19,519.	3,601.	15,914.	4.
24	Other expenses. Itemize expenses not covered			1 4.4.76 11	如今天 等 6.10 元,
	above. (Expenses grouped together and labeled			· · · · · · · · · · · · · · · · · · ·	A Property of
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		, ,		6499
а	DOOMG	1,096,006.	1,094,504.	1,283.	219.
b	OUTSIDE SERVICES	603,977.	557,423.	23,942.	22,612.
c	POSTAGE AND FREIGHT	403,165.	381,915.	2,966.	18,284.
d	PRINTING AND MAILING	273,111.	235,054.	581.	37,476.
	TITTENTO	204,280.	154,835.	2,297.	47,148.
e •		420,586.	327,064.	30,447.	63,075.
f	All other expenses Total functional expenses. Add lines 1 through 24f	8,720,586.	7,626,987.	414,932.	678,667.
25	Joint costs. Check here X if following	5,720,300.	,,020,507.	,552.	2.0,007
26					
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	147 404	102,245.	0.	45,159.
-	educational campaign and fundraising solicitation	147,404.	104,443.	U•]	Form 990 (2009)

Part X Balance Sheet (A) Beginning of year End of year 715,475. 249,195. 1 1 Cash · non-interest-bearing 2 2 Savings and temporary cash investments 143,522. 4,456,459. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 1,559,020. 7 7 Notes and loans receivable, net 133,376. Inventones for sale or use 361,029. 82,704. Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 204,493. basis. Complete Part VI of Schedule D 10a 98,389 111,302. 106,104. 10b 10c b Less: accumulated depreciation 239,615. 233,133. 11 Investments · publicly traded securities 12 Investments · other secunties. See Part IV, line 11 12 Investments · program-related. See Part IV, line 11 13 13 14 14 Intangible assets 2,690,704. 2,587,630. 15 Other assets. See Part IV, line 11 15 5,251,313. 8,417,955. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,596,394. 785,258. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 162,146. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 433,972. 2,150,127. 633,972. 24 24 Unsecured notes and loans payable to unrelated third parties 1,649,039. 25 Other liabilities. Complete Part X of Schedule D 3,230,415. 4,180,493. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,221,773. -1,035,175.27 Unrestricted net assets 650,894. 5,124,406. 28 Temporarily restricted net assets 148,231. 148,231. Permanently restricted net assets Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 2,020,898. 4,237,462. 33 33 Total net assets or fund balances 5,251,313. 8,417,955.

Form 990 (2009)

Total liabilities and net assets/fund balances

THE AYN RAND INSTITUTE, THE CENTER FOR

Form 990 (2009) THE ADVANCEMENT OF OBJECTIVISM

Part XI Financial Statements and Reporting 22-2570926 Page 12

	Tributional Otatorito and Roporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	7171111		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

THE AYN RAND INSTITUTE, THE CENTER FOR Name of the organization 22-2570926 THE ADVANCEMENT OF OBJECTIVISM Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III · Other c ___ Type III - Functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) is the (iii) Type of (iv) Is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization in col organization organization in col. in col (i) listed in your support organization (I) organized in the (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section Yes (see Instructions)) Yes No Yes No No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

THE AYN RAND INSTITUTE, THE CENTER FOR

Schedule A (Form 990 or 990-EZ) 2009 THE ADVANCEMENT OF OBJECTIVISM 22-2570926 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (f) Total (b) 2006 (c) 2007(d) 2008(e) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 37,188,928. 5,005,097 6,629,678 6,325,359 6,626,805 12,601,989 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5,005,097 6,629,678 6,325,359 6 626 805 12,601,989. 37,188,928. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 13,336,984. 6 Public support. Subtract line 5 from line 4 23,851,944. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 5,005,097 6,629,678 6,325,359 6,626,805. 12,601,989 37,188,928. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 2,501. 1,447. -11,792.-20,625. 52. -28,417.and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 19,029. 16,190. 35,219. assets (Explain in Part IV.) 37,1<u>95,</u>730. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) **▶**[organization, check this box and stop here Section C. Computation of Public Support Percentage 64.13 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 76.10 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box ▶□ and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for C Section A. Public Support	rganizations	Described in	Section Sosia	//~/ (Complete only	n you checked the Do	ox on line 9 of Part
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(a) 2000	(6) 2000	(6) 2001	(0) 2000	197200	
membership fees received. (Do not						
Include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	<u> </u>					
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to				}		
or expended on its behalf						
5 The value of services or facilities						
fumished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				<u> </u> -		
b Amounts included on ilnes 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)		<u> </u>	<u> </u>	<u> </u>		
Section B. Total Support				· , ···		
Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			_			
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)	L		I		1	<u> </u>
14 First five years. If the Form 990 is for	r the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a sect	ion 501(c)(3) organı	zation,
check this box and stop here				<u> </u>		
Section C. Computation of Publ	•				I I	
15 Public support percentage for 2009 (column (t))	•	15	
16 Public support percentage from 2008			 -		16	
Section D. Computation of Inve		-			17	
17 Investment income percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 13, column (I))		18	· · · · · · · · · · · · · · · · · · ·
18 Investment income percentage from			on line 14 and lin	va 15 je mora thon		17 is not
19a 33 1/3% support tests - 2009. If the more than 33 1/3%, check this box a					_	
b 33 1/3% support tests - 2008. If the	•	•	•			and _
line 18 is not more than 33 1/3%, che						
20 Private foundation If the organization						▶ [

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009 Open to Public Inspection

Name of the organization

THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM

Employer identification number 22-2570926

Par			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	, , , , , , , , , , , , , , , , , , , ,	
	Aggregate contributions to (dunng year)		
	Aggregate contributions to (during year) Aggregate grants from (dunng year)		
	Aggregate value at end of year	unities that the coaste held to decay office	and funds
	Did the organization inform all donors and donor advisors in		Yes No
	are the organization's property, subject to the organization's	_	
	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	
	impermissible private benefit?		Yes No
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or public use)	' - -	stoncally important land area
	Protection of natural habitat	Preservation of a cei	tified histonc structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		<u> </u>
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified histonic sti	ructure included in (a)	. 2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements	dunng the year ▶
	Amount of expenses incurred in monitoring, inspecting, and		
	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		Yes No
	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
	Organizations Maintaining Collections	of Art. Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1 a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	·	
	the footnote to its financial statements that describes these		asia sarras, provide, in rail vity, the text of
	If the organization elected, as permitted under SFAS 116, to		nce sheet works of art, historical treasures
	or other similar assets held for public exhibition, education, o	or research in furtherance of public service	e, provide the lollowing amounts relating to
	these items:		•
	m		. > \$
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1	116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		. \$
b	Assets included in Form 990, Part X		▶ \$

la	Beginning of year balance	148,231.		,	
b	Contributions		148,231.		
С	Net investment earnings, gains, and losses	-794.			
d	Grants or scholarships	7,409.		, , , , , , , , , , , , , , , , , , , ,	
e	Other expenditures for facilities				
	and programs				
f	Administrative expenses .	1,216.			
9	End of year balance	138,812.	148,231.		
2	Provide the estimated percentage of the year	r end balance held a	s:		

a	Board designated or quasi-e	ndowme	nt 🕨	%	
_	Dormanant and summer	100	0.0	0/	

Permanent endowment

Term endowment ▶ %

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations ... (ii) related organizations If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

No 3a(i) 3a(ii) 3ь

Describe in Part XIV the intended uses of the organization's endowment funds

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		16,089.	7,733.	8,356
d Equipment		130,847.	62,959.	67,888
e Other		57,557.	27,697.	29,860
otal. Add lines 1a through 1e. (Column (d) must eq	ual Form 990. Part X. colur	mn (B), line 10(c).)	•	106,104

Schedule D (Form 990) 2009

THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM

22-2570926 Page 3 Schedule D (Form 990) 2009 Part VIII Investments - Other Securities. See Form 990, Part X, line 12. (c) Method of valuation: (a) Description of security or category (b) Book value Cost or end-of-year market value (including name of security) Financial derivatives Closely-held equity interests Total. (Col (b) must equal Form 990, Part X, col (8) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value DEPOSITS AND OTHER ASSETS 79,831. 479,213. BENEFICIAL INTEREST IN INSURANCE POLICY 2,131,660. INVESTMENTS - SPLIT-INTEREST AGREEMENTS 2,690,704. Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes GIFT ANNUITY OBLIGATION 2,150,127. 2,150,127.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

22-2570926 Page 4 THE ADVANCEMENT OF OBJECTIVISM Schedule D (Form 990) 2009 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 12,604,989. Total revenue (Form 990, Part VIII, column (A), line 12) 8,720,586. 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3,884,403. 3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 -82,009. 4 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 Investment expenses 6 7 7 Pnor period adjustments 8 Other (Describe in Part XIV.) 8 -82,009.9 9 Total adjustments (net) Add lines 4 through 8 3,802,394. 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 12,522,980. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 -82,009. 2a Net unrealized gains on investments 2b Donated services and use of facilities 2c Recoveries of pnor year grants 2d Other (Describe in Part XIV.) -82,009. 2e Add lines 2a through 2d 12,604,989. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV.) 4c c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 8,720,586. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 2b **b** Pnor year adjustments 2c c Other losses 2dOther (Describe in Part XIV.) 2e Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4b **b** Other (Describe in Part XIV.) 4c c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE ORGANIZATION INTENDS TO USE THE ENDOWMENT FUNDS FOR GRANTS AND SCHOLARSHIPS.

THE AYN RAND INSTITUTE, THE CENTER FOR

Schedule F

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
➤ Attach to Form 990. ➤ See separate instructions.

2009 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
THE AYN RAND INSTITUTE, THE CENTER FOR
THE ADVANCEMENT OF OBJECTIVISM

Employer identification number

22-2570926

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

X Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	GRANTS		3,360
EAST ASIA AND THE	0	0	GRANTS		200
PACIFIC			Sioner 5		
EUROPE	0	. 0	GRANTS		6,275
SOUTH ASIA	0	0	GRANTS		250
NORTH AMERICA		0	PROGRAM SERVICES	ATTEND CONFERENCE AND PARTICIPATE IN PANEL DISCUSSION	2,531
EAST ASIA AND THE				ATTEND CONFERENCE AND	
PACIFIC PACIFIC	C	0	PROGRAM SERVICES	DELIVER TALKS	4,765
EUROPE		0	PROGRAM SERVICES	DELIVER TALKS	2,730
EUROPE		0	FUNDRAISING		52
Totals	•	00			20,163

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2009

THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM

Page 2

22-2570926

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Schedule F (Form 990) 2009
Part II Grants and Other

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
Use Schedule F·1 (Form 990) if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)							. !
(h) Description of non-cash assistance							
(g) Amount of non-cash assistance						xempt by	•
(e) Amount (f) Manner of of cash grant cash disbursement						recognized as tax-e.	
(e) Amount of cash grant						foreign country,	
(d) Purpose of grant						Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	מינים לפוומיים לפונים
(c) Region						ns listed above that are r	or entitles
(b) IRS code section and EIN (if applicable)	F					recipient organization	other organizations o
1 (a) Name of organization				***************************************	######################################	2 Enter total number of	3 Enter total number of other organizations or entities

Schedule F (Form 990) 2009

Page 3

22-2570926

THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM

Schedule F (Form 990) 2009 THE ADVANCEMENT OF OBJECTIVISM 22–2570926

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

Use Schedule F-1 (Form 990) II additional space is needed.	I) II additional space is ne	eded.					
(a) Type of grant or assistance	(b) Region	umber of ipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		,			•		
ESSAY CONTEST PRIZE	NORTH AMERICA	25	3,360.	CASH PAYMENT	o		
	EAST ASIA AND						
ESSAY CONTEST PRIZE	PACIFIC	3	200.	200.CASH PAYMENT	0.		
ESSAY CONTEST PRIZE	EUROPE	7	150.	CASH PAYMENT	0		
PHONE SCHOLARSHIP	EUROPE	H	144.	CASH PAYMENT	.0		
SCHOLARSHIP	EUROPE	2	5,981.	5,981.CASH PAYMENT	.0		
ESSAY CONTEST PRIZE	SOUTH ASIA	4	250.	250.CASH PAYMENT	0.		
						Schedu	Schedule F (Form 990) 2009

THE AYN RAND INSTITUTE, THE CENTER FOR
Schedule F (Form 990) 2009 THE ADVANCEMENT OF OBJECTIVISM 22-2570926 Page 4 Part IV Supplemental Information
Complete this part to provide the information required in Part I, line 2, and any additional information
SCHEDULE F, PART I, LINE 2: PROCEDURES VARY DEPENDING ON THE TYPE OF
GRANT. SCHOLARSHIP AND ESSAY CONTEST PRIZES DO NOT REQUIRE MONITORING, AS
THERE ARE NO ONGOING CONDITIONS AFTER THE SCHOLARSHIP/PRIZE IS AWARDED.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

THE AYN RAND INSTITUTE, THE CENTER FOR

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE ADVANCEMENT OF OBJECTIVISM

Employer identification number 22-2570926

Schedule G (Form 990 or 990-EZ) 2009

Fundraising Activities. required to complete this part.	Complete if the organization answ	ered "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization raise Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations In-person solicitations Did the organization have a written or key employees listed in Form 990, Pab If "Yes," list the ten highest paid individendments.	e Solicita f Solicita g Specia oral agreement with any individua at VII) or entity in connection with products or entities (fundraisers) pure	ation of ation of I fundra al (includ profess	non-govern using of ding of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes	
(i) Name of Individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribution	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		+				
		-				
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		-				
		<u> </u>				
			<u> </u>			
otal		<u> </u>				<u></u>
3 List all states in which the organization	n is registered or licensed to solicit	funds	or has	been notified it is ex	cempt from registration	ion or licensing.

					· · · · · · · · · · · · · · · · · · ·	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

THE AYN RAND INSTITUTE, THE CENTER FOR

Schedule (G (Form 990 or 990-EZ) 2009	THE	ADVANCEMENT	OF	OBJECTIVISM_	22-2570926 P	age 2
Part II	Fundraising Events.	Complete	of the organization ansv	vered	"Yes" to Form 990, Part IV, line	22-2570926 Part 18, or reported more than \$15,000	0

on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE ATLAS (add col. (a) through SHRUGGED col. (c)) (total number) (event type) (event type) 378,245. 378,245. Gross receipts 328,190. 328,190. 2 Less: Chantable contributions 50,055. 50,055 Gross income (line 1 minus line 2) Cash pnzes Noncash prizes Direct Expenses Rent/facility costs 50,055. 50,055. Food and beverages 8 Entertainment Other direct expenses 50,055 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes % Yes % Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: 9a a is the organization licensed to operate garning activities in each of these states? b If "No," explain: 10a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

THE AYN RAND INSTITUTE, THE CENTER FOR Schedule G (Form 990 or 990-EZ) 2009 THE ADVANCEMENT OF OBJECTIVISM 22-2570926 Page 3

<u> </u>	eddle G (Folill 990 of 990-EZ) 2009 THE ADVAIVE HIERT OF ODOLLETTVIDIT	_		231	0 7 2	<u>U Pa</u>	age 3
						Yes	No
	Indicate the percentage of gaming activity operated in:	ŀ		İ			
	The organization's facility	13a		%			
	An outside facility	13b		%			
14	Enter the name and address of the person who prepares the organization's gaming/special events books	and red	cords:				
	Name	_					
	Address						
15a	Does the organization have a contract with a third party from whom the organization receives gaming reve	nue?			15 a		
b	If "Yes," enter the amount of gaming revenue received by the organization > and	I the ar	mount				
	of gaming revenue retained by the third party > \$						
С	If "Yes," enter name and address of the third party:						
	Name						
	Address >						
16	Gaming manager information:						
	Name	_					
	Gaming manager compensation > \$						
	Description of services provided ▶						
	☐ Director/officer ☐ Employee ☐ Independent contractor						
	Mandatory distributions:						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to						
	retain the state gaming license?				17a		
n	Enter the amount of distributions required under state law to be distributed to other exempt organizations.	or coo	nt in tha				t .

Schedule G (Form 990 or 990-EZ) 2009

organization's own exempt activities during the tax year ▶ \$

SCHEDULE								OMB No. 1545-0047
(Form 990)			Grants and Government	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations in the United Stat	i, ies		2009
Department of the Treasury internal Revenue Service		Compl	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	n answered "Yes" on Fo ► Attach to Form 990.	on Form 990, Paı m 990.	t IV, line 21 or 22.		Open to Public Inspection
ļ∳ ¦	THE	AYN RAND INSTITUTE, ADVANCEMENT OF OBJE	rute, the Objectivi	CENTER FOR SM			ū	Employer identification number 22-2570926
Parti General II	General Information on Grants and Assistance	nd Assistance						
1 Does the organic criteria used to	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	o substantiate the taction	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selectio	X Yes No
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for mont	oring the use of grant	funds in the United	d States.]
Part II Grants an	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. C	omplete if the orga	ınızatıon answered "Y	es* to Form 990, Part IV	, line 21, for any
recipient t	that received more than \$	5,000. Check this	box if no one recipier	it received more th	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) if additional	space is needed
1 (a) Name and a	1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of nor-cash assistance or government (b) EIN (c) IRC section (d) Amount of nor-cash grant nor-cash grant assistance other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		; ;						
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations					
3 Enter total numb	Enter total number of other organizations							•
ہا	For Privacy Act and Paperwork Reduction Act Notice	tion Act Notice	see the Instructions for Form 990	for Form 990.				Schedule 1 (Form 990) 2009

22-2570926

Schedule I (Form 990) 2009

THE ADVANCEMENT OF OBJECTIVISM

Part iii Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ROOK GRANT	-	28,500	0		
CONFERENCE SCHOLARSHIPS	20	0.0	17,764.FMV	PMV	CODGING AND BANQUET
DISSERTATION GRANT	2	17,000.	.0		
ESSAY CONTEST PRIZES	498	81,040.	0		
GRAD SCHOOL APPLICATION GRANT	П	750.	0.		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: PROCEDURES	URES VARY	Y DEPENDING	ON THE	TYPE OF GRANT.	
SCHOLARSHIPS AND ESSAY CONTEST PRI	PRIZES DO NOT	OT REQUIRE	MONITORING,	G, AS THERE	
ARE NO ONGOING CONDITIONS AFTER THE		SCHOLARSHIP/PRIZE	E IS AWARDED.	ED. LONG-TERM	
GRANTS SUCH AS DISSERTATION GRANTS	S AND BOOK	GRANTS	ARE REVIEWED	D AT LEAST	
ANNUALLY, DEPENDING ON THE GRANT TERMS.	1	GRANTEES ARE	REQUIRED	TO SUBMIT	
REGULAR PROGRESS REPORTS, TYPICALLY ON	A	QUARTERLY B	BASIS.		

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Page 2

22-2570926

Schedule I-1 (Form 990) 2009 (f) Description of non-cash assistance PLANE TICKET (e) Method of valuation (book, FMV, appraisal, other) 644. FAIR MARKET VALUE Schedule 1:1 (Form 990) 2009

THE AYN RAND INSTITUTE, THE CENTER FOR Part III.)

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.) (d) Amount of non-cash assistance 0 ٥. Ö 844. 6,234. 12,000. 14,801. (c) Amount of cash grant (b) Number of recipients 10. 18. 13. (a) Type of grant or assistance PHONE SCHOLARSHIPS INTERN GRANT TRAVEL GRANT SCHOLARSHIP

SCHEDULE J

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV. line 23.

2009

Open to Public Inspection

Name of the organization

Department of the Treasury

➤ Attach to Form 990. ➤ See separate instructions.

THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM

Employer identification number 22-2570926

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, 2 trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Written employment contract X Compensation committee X Compensation survey or study X Independent compensation consultant X Approval by the board or compensation committee X Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? Х 4ь **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? X 4c c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X 5a The organization? $\overline{\mathbf{x}}$ 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments Х 7 not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х Initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

22-2570926 THE AYN RAND INSTITUTE, THE CENTER FOR

THE ADVANCEMENT OF OBJECTIVISM

Schedule J (Form 990) 2009

Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W·2	W-2 and/or 1099-MIS	and/or 1099·MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(D)-(I)(B)	reported in prior Form 990 or Form 990-EZ
	8	248,001.	0	0	3,000.	18,639.	269,640.	0
YARON BROOK	₿	0	• 0	0	0	0	0	0
	Θ	208,000.	0	0	3,000.	0	211,000.	0
MARK CHAPMAN	⊞	0	0	0	0	0	0	0
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THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM

Schedule J (Form 990) 2009
Part III Supplemental Information

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Page 3

22-2570926

Complete this part to provide the information, explanation, or descriptions required for Part 1, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

PART I, LINE 4B: SEVERAL EMPLOYEES PARTICIPATE IN THE 457 PLAN THAT IS
AVAILABLE ONLY TO VICE PRESIDENT LEVEL EMPLOYEES AND ABOVE.
Schedule J (Form 990) 200

SCHEDULE L (Form 990 or 990-EZ)

(FOITH 990 OF 990-E2

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization THE AYN RAND INSTITUTE, THE CENTER FOR

OMB No 1545-0047

2009

Open To Public Inspection

Employer identification number

22-2570926 THE ADVANCEMENT OF OBJECTIVISM Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990 EZ, Part V, line 40b. (c) Corrected? 1 (b) Description of transaction (a) Name of disqualified person Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved (a) Name of interested (b) Loan to or from (c) Onginal principal (d) Balance due (e) In (g) Written by board or the organization? amount default? agreement? person and purpose committee? Yes Yes No To From Total **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of the organization assistance **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Shanng of (b) Relationship between interested (c) Amount of (d) Description of (a) Name of interested person organization's person and the organization transaction transaction revenues? No 350. INDEPENDENT JOHN RIDPATH DIRECTOR Х TARA SMITH DIRECTOR 850. INDEPENDENT X X NIV BROOK SON OF PRESIDENT, 5,080.PART-TIME E 1,240.PART-TIME EDAAN BROOK X SON OF PRESIDENT. 135,349.EMPLOYEE Х ONKAR GHATE HUSBAND OF VICE PRE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

21,639. OFFICER OF

X

PRESIDENT

YARON BROOK

Noncash Contributions

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM

Employer identification number 22-2570926

Par	t Types of Property					
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de revenu	_
		applicable	Continuations	rom 990, Fait Vill, line 19	1046110	
1	Art · Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications	X		200.	DONOR-DECLA	RED
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	Х	21	626,231.	FMV	
10	Securities - Closely held stock					
11	Securities · Partnership, LLC, or					
	trust interests			<u> </u>		
12	Securities · Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate · Commercial			<u> </u>		
17	Real estate · Other					
18	Collectibles		<u></u>	<u> </u>		
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy .		<u> </u>			
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts Other ► (SOFTWARE LICE)	X	1	9,950.	DONOR-DECLA	ARED
25			1	. 5,550.	DONOR DECEM	H(DD
26	Other ()					
27	Other ()					
<u>28</u> 29	Other () Number of Forms 8283 received by the organ	ization durin	a the tax year for	contributions	1	
28	for which the organization completed Form 82			1 1		
	Tot which the organization completed Form oz	coo, raitiv,	Dones Acknowled	gment		Yes No
302	During the year, did the organization receive b	ov contributi	on any property re	norted in Part I, lines 1-28 th	at it must hold for	1.00 1.00
ova	at least three years from the date of the initial					
	the entire holding period?	CONTRIBUTION	, and willow to not	104000 10 00 0000 10. 0.10.		30a X
ь.	If "Yes," describe the arrangement in Part II.				•	
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard contrib	outions?	31 X
	Does the organization hire or use third parties					
	contributions?		. g	,		32a X
Ь	If "Yes," describe in Part II.	•••••			•	
33	If the organization did not report revenues in o	column (c) fo	r a type of proper	ty for which column (a) is ch	ecked,	
	describe in Part II.		· ·· · · · · · · · · · · · · · · · · ·			

THE AYN RAND INSTITUTE, THE CENTER FOR chedule M (Form 990) 2009 THE ADVANCEMENT OF OBJECTIVISM	22-2570926	Page 2
Part II Supplemental Information. Complete this part to provide the information required by Part I, III		T age 2
SCHEDULE M, LINE 32B: BROKERS ARE USED TO SELL CONTRIBUTE	D MARKETABLE	
SECURITIES.		
		
		
		 -
		

Schedule R (Form 990) 2009 2009 Open to Public Inspection Employer identification number 22-2570926 OMB No 1545-0047 Direct controlling Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) ۲ ۲ End-of-year assets status (if section Public charity LINE 11A, I 501(c)(3)) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Exempt Code Total income section চ 501(C)(3) ► See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) CALIFORNIA THE AYN RAND INSTITUTE, THE CENTER FOR LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. THE ADVANCEMENT OF OBJECTIVISM ► Attach to Form 990. Primary activity Primary activity EDUCATION GRANTS 9 PARKWAY, SUITE 225, IRVINE, CA 92606 SCHOLARSHIP - 91-2145352, 2121 ALTON ANTHEM FOUNDATION FOR OBJECTIVIST Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part # Part

THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM

22-2570926 Page 2

Schedule R (Form 990) 2009

Part III Identification of Related Organizations Taxable as a Partnership (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)	(q)	(0)	9	•		9	(B)	Ξ	6	6
Name, address, and EIN of related organization	Primary activity	Legal domicita (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total Shincome end	Share of end-of-year assets	Disproportion- sta allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
								-		
If the Identification of Related Org	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	poration or x year.)	Trust (Complete if t	he organization	on answered "Yes	" to Form 990, Par	t IV, line 34 t	because it !	nad one or more	related
(a) Name, address, and EIN of related organization	Z c	P.	(b) Primary activity	(C) Legal domicite (stats or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp. or trust)	(f) Share of total income	total	(g) Share of Pend-of-year oassets	(h) Percentage ownership
								-		
			-							
20 00 00 00								Sct	Schedule R (Form 990) 2009	90) 2009

Page 3

THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM Schedule R (Form 990) 2009

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		۳
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	19	\sim
b Gift, grant, or capital contribution to other organization(s)	P	×Ι
	5	
	19	
	1e	×
		ŧ :
f Sale of assets to other organization(s)	#	1 1
g Purchase of assets from other organization(s)	19	- 1
h Exchange of assets	£	- 1
i Lease of facilities, equipment, or other assets to other organization(s)	ij	
		1
j Lease of facilities, equipment, or other assets from other organization(s)	÷	
k Performance of services or membership or fundraising solicitations for other organization(s)	¥	찌
I Performance of services or membership or fundraising solicitations by other organization(s)	=	
m Shaning of facilities, equipment, mailing lists, or other assets	Ę	
n Sharing of paid employees	두	
Reimbursement paid to other organization for expenses	9	~
a Beimburgament haid by other organization for expanses	10	~
בייייין מייייין לימייין לימייין לימייין לימיייין ימיייין לימיייין לימיייין לימייין לימיייין לימייין ימיין לימייין לימיין	-	F
 q Other transfer of cash or property to other organization(s) 	19	
r Other transfer of cash or property from other organization(s)	=	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		

(a) Name of other organization(s)	(b) Transaction type (a·r)	(c) Amount involved
n) ANTHEM FOUNDATION	A	1,645.
2 ANTHEM FOUNDATION	A	2,700.
(3) SECOND RENAISSANCE, INC.	В	1,559,020.
(4) ANTHEM FOUNDATION	Ŀì	.000,09
5 ANTHEM FOUNDATION	ы	100,000.
932163 02-04-10	Sch	Schedule R (Form 990) 2009

Page 4

THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM

Schedule R (Form 990) 2009

Part Vt Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b)	(b)	(5)	9	(e)	£	(6)	€
		(a)	Am of a contract	,	Olenmoor	1011/107	Conoral
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	section 501(c)(3) organizations?		tionate allocations?	amount in box 20	managing partner?
		country)	Yes No		Yes No		Yes No
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						Schedule R (Form 990) 2009	n 990) 2009

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection.

Name of the organization

THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM

Employer identification number 22-2570926

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INTELLECTUALS TO TEACH HER PHILOSOPHY OF OBJECTIVISM.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
TWO PROGRAM ACTIVITIES, BOOKSTORE AND CONFERENCES, WERE TAKEN OVER FROM
ARI'S FORMER SUBSIDIARY, SECOND RENAISSANCE, INC.
THE BOOKSTORE CONTINUES TO PUBLISH AND SELL HUNDREDS OF BOOKS AND
RECORDINGS ON OBJECTIVISM AND RELATED TOPICS, MANY OF WHICH ARE NOT
AVAILABLE ELSEWHERE.
THE OBJECTIVIST SUMMER CONFERENCE 2010 WAS HELD IN LAS VEGAS, WITH OVER
500 PEOPLE IN ATTENDANCE. THE CONFERENCE FEATURED SIX GENERAL SESSIONS
WITH DR. LEONARD PEIKOFF ON HIS FORTHCOMING BOOK, THE DIM HYPOTHESIS.
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
THE EDUCATION, ARCHIVES, AND PUBLISHING PROGRAM ACTIVITIES WERE
CONSOLIDATED INTO THE CULTURAL OUTREACH PROGRAM ACTIVITY. THE PUBLIC
OUTREACH, MEDIA, PROFESSIONAL OUTREACH, AND WEBSITE PROGRAM ACTIVITIES
WERE CONSOLIDATED INTO THE PUBLIC OUTREACH PROGRAM ACTIVITY.
THE ACADEMIC PROGRAM ACTIVITY WAS SPLIT INTO THE ACADEMIC AND POLICY
PROGRAM ACTIVITIES.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
ADVANCED LEVELS ON AYN RAND'S FICTION WORKS AND ON HER PHILOSOPHY AND
ITS APPLICATION. THE COURSES WILL BE LARGELY FREE AND OPEN TO ANYONE
INTERESTED IN AYN RAND'S IDEAS.

Department of the Treasury

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM

Employer identification number 22–2570926

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE REMAINING THREE PROGRAM ACTIVITIES ARE POLICY, BOOKSTORE, AND
CONFERENCES.
EXPENSES \$ 1450538. INCLUDING GRANTS OF \$ 0. REVENUE \$ 786999.
INCLUDING GRANTS OF V V. REVENUE V 100999.
FORM 990, PART VI, SECTION B, LINE 11: IN-HOUSE ACCOUNTING MANAGER,
CORPORATE TREASURER, AND PRESIDENT/EXECUTIVE DIRECTOR REVIEW THE TAX
RETURNS.
FORM 990, PART VI, SECTION B, LINE 12C: GOVERNANCE COMMITTEE HAS A REVIEW
PROCEDURE FOR BUSINESS DEALINGS AMONG BOARD MEMBERS AND OFFICERS.
PROCEDURE FOR BUSINESS DEALINGS AMONG BUARD MEMBERS AND OFFICERS.
FORM 990, PART VI, SECTION B, LINE 15A: FOR THE EXECUTIVE DIRECTOR, THE
BOARD DETERMINES THE SALARY, CONSIDERING FACTORS SUCH AS SALARY SURVEYS AND
COMPARABLE ORGANIZATIONS. FOR VICE PRESIDENTS AND ALL OTHER EMPLOYEES, THE
SALARIES ARE DETERMINED BY THE EXECUTIVE DIRECTOR.
EORM 000 DARE UT SECUTOR C IINE 10. DROWINED UDON REQUESE
FORM 990, PART VI, SECTION C, LINE 19: PROVIDED UPON REQUEST.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: JOHN RIDPATH
(D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR
(A) NAME OF PERSON: TARA SMITH
(D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

Name of the organization

THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM

Employer identification number 22-2570926

THE THE VIEW OF THE PROPERTY O
(A) NAME OF PERSON: NIV BROOK
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
SON OF PRESIDENT, DR. YARON BROOK
(D) DESCRIPTION OF TRANSACTION: PART-TIME EMPLOYEE
(A) NAME OF PERSON: EDAAN BROOK
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
SON OF PRESIDENT, DR. YARON BROOK
(D) DESCRIPTION OF TRANSACTION: PART-TIME EMPLOYEE
(A) NAME OF PERSON: ONKAR GHATE
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
HUSBAND OF VICE PRESIDENT, DEBI GHATE
(A) NAME OF PERSON: YARON BROOK
(D) DESCRIPTION OF TRANSACTION: OFFICER OF ANTHEM FOUNDATION AND ARI
CANADA
(A) NAME OF PERSON: DEBI GHATE
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
VICE PRESIDENT
(C) AMOUNT OF TRANSACTION \$ 35317.
(D) DESCRIPTION OF TRANSACTION: OFFICER OF ANTHEM FOUNDATION
(E) SHARING OF ORGANIZATION REVENUES? = NO

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

2009 Open to Public Inspection

Department of the Treasury ► Attach to Form 990. Inspection Internal Revenue Service THE AYN RAND INSTITUTE, THE CENTER FOR **Employer identification number** Name of the organization THE ADVANCEMENT OF OBJECTIVISM 22-2570926 (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: VICE PRESIDENT (C) AMOUNT OF TRANSACTION \$ 0. (D) DESCRIPTION OF TRANSACTION: OFFICER OF ARI CANADA SHARING OF ORGANIZATION REVENUES? = NO

1

FOOTNOTES

STATEMENT

STATEMENT PURSUANT TO TREASURY REGULATION 1.368-3 (A) BY THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM (22-2570926), A CORPORATION, A PARTY TO A REORGANIZATION

- (1) NAMES AND FEINS OF PARTIES:
 THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF
 OBJECTIVISM (SURVIVING ENTITY)
 22-2570926
 SECOND RENAISSANCE, INC. (MERGING ENTITY)
 16-1266543
- (2) DATE OF THE REORGANIZATION OCTOBER 1, 2009
- (3) AGGREGATE FAIR MARKET VALUE OF MERGING ENTITY IMMEDIATELY BEFORE MERGING INTO THE SURVIVING ENTITY FAIR MARKET VALUE BASIS

184,583.

191,087.

(4) DATE AND CONTROL NUMBER OF ANY PRIVATE LETTER RULINGS ISSUED BY THE INTERNAL REVENUE SERVICE IN CONNECTION WITH THIS REORGANIZATION:

NOT APPLICABLE

THE LAST DATE AVAILABLE TO USE THE NOL'S RELATED TO SECOND RENAISSANCE, INC., WOULD BE TAX YEAR 2028. THE LAST NOL WAS GENERATED IN THE 2008 TAX YEAR.

ALL OF THIS INFORMATION IS AVAILABLE UPON REQUEST.

THE CHANGE IN NET ASSETS FROM 9/30/2009 TO 9/30/2010 DOES NOT EQUAL THE AMOUNT OF THE EXCESS FOR THE CURRENT YEAR. THIS IS BECAUSE SECOND RENAISSANCE, INC., A WHOLLY-OWNED SUBSIDIARY OF THE AYN RAND INSTITUTE, THE CENTER FOR THE ADVANCEMENT OF OBJECTIVISM, DISSOLVED DURING THE FISCAL YEAR, AND THE OPERATIONS OF BOTH CORPORATIONS MERGED.

NET ASSETS 6/30/2009 FISCAL YEAR 2009 EXCESS 2,020,898. 3,802,394.

5,823,292.

EQUITY ROLLOVER OF SECOND RENAISSANCE, INC.

-1,585,830.

NET ASSETS 6/30/2010

4,237,462.